

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/526673**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23	1					
24	1					
25	1					
26	1					
27		2				
28		1				
29	1					
30		1				
31	1					
32	1					
33			1			
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41			1			
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	8					
TOTAL DEP.	31					
TOTAL CLAIMS	39					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53			1			
54			1			
55			1			
56			1			
57				1		
58				1		
59			1			
60				1		
61			1			
62			1			
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95						
96						
97						
98						
99						
100						
TOTAL IND.			9			
TOTAL DEP.			21			
TOTAL CLAIMS			30			